

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name

Date Stamp

California **801**
Form

For Official Use Only

Managed Risk Medical Insurance Board

Division, Department, or Region (if applicable)

Eligibility, Enrollment & Marketing Division

Street Address

1000 G Street, Suite #450, Sacramento, CA 95814

Area Code/Phone Number

916-324-4695

E-mail

drushton@MRMIB.ca.gov

Agency Contact (name and title)

Diana Ruston, Filing Officer

☐ Amendment (explain in comment section)

Date of Original Filing: _____
(month, day, year)

2. Donor Name and Address

☐ Individual

Last Name

First Name

☒ Other

David & Lucile Packard Foundation

Name

300 Second Street

Los Altos

CA

94022

Address

City

State

Zip Code

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

If applicable, identify the name of each source and the amount(s) solicited or received by the donor for this gift:

_____	\$ _____	_____	\$ _____
Name	Amount	Name	Amount

3. Payment Information

Date and Amount of Payment (other than travel)

_____ (month, day, year)

\$ _____

(Round to whole dollars)

Travel Payment Information (Round to whole dollars)

Location of Travel

Chicago, IL

11/3/09 - 11/6/09

\$ 925.90

\$ 546.99

\$ 78.00

\$ _____

\$ 1,550.89

Date(s) of Travel

Transportation Expenses

Lodging Expenses

Meal Expenses

Other Expenses

Total Expenses

Provide a specific description of the nature and use of the payment for official agency business:

To attend the the National Children's Health Insurance Summit - Strategies for Increasing Enrollment and Retention.

Identify the officials for whom the payment was used:

Lam

Thien

Operations Division Mgr.

Eligibility & Enrollment

Last Name

First Name

Title

Department/Division

Last Name

First Name

Title

Department/Division

4. Verification

I have determined that it is in the interests of the agency to accept this gift and use it for the official agency business described above.

Janette Casillas
Signature of Agency Head or Designee

Janette Casillas

Print Name

Chief Deputy Director

Title

3/25/2010
(month, day, year)

Comment: (Use this space or an attachment for any additional information.)